State Personnel Division	**EEO AND EMERGENCY INFORMATION FORM** **Personal Data Panels**

Prefix_____ Employee Name_____ _____ _____
      Mr., Mrs., Ms.   First   Middle Name or Initial   Last

Original Hire Date (date you first started working for State of Montana)_____ If you don't know, please leave blank.

Home Mailing Address _____ _____ _____ _____ _____
                              Street or PO Box   City   County   State   Zip Code

Home Phone _____   Other Phone No. (such as cellular, pager or fax) – Indicate **type** of phone

Type _____ Phone No._____   Type _____ Phone No._____

E-mail –Indicate type (such as home, business, other) Type_____   E-mail _____

GENDER/SEX: ☐ Female ☐ Male **(Required)**	**HIGHEST EDUCATION LEVEL** - Please check the **one** box that best describes your highest education level. ☐ Less than High School ☐ High School Graduate or Equiv ☐ Some College ☐ Technical School ☐ 2 years College ☐ Bachelor's ☐ Some Graduate ☐ Master's ☐ Doctorate ☐ Post-Doctorate

MARITAL STATUS – Please check the **one** box that best describes your marital status. ☐ Single ☐ Married ☐ Divorced ☐ Widowed
If married, Marital Status Date _____

MILITARY STATUS – Please check the one box that best describes your military status.
☐ Active Reserve ☐ Inactive Reserve ☐ No Military Service ☐ `Not a Veteran ☐ Not a Vietnam-Era Veteran ☐ Not Indicated

☐ Other Protected Veteran ☐ Post-Vietnam-Era Veteran ☐ Pre-Vietnam-Era Veteran ☐ Retired Military ☐ Veteran (VA Ineligible)

☐ Veteran of the Vietnam Era   ☐ Vietnam & Other Protected Vet ☐ Vietnam-Era Veteran

EMPLOYMENT ELIGIBILITY PROOF - An employee must produce within three days of hire, documentation that he/she is authorized to work in the United States. Examples include a birth certificate or social security card along with a driver's license or other picture ID, a U.S. passport or a green card. Please indicate the documentation you are providing:

1. _____   2. _____

BIRTHDATE: _____/_____/_____ **(Required)** Month Day Year	**REFERRAL SOURCE - How did you first learn of this position?** Agency Contact: ☐ College Recruitment ☐ Internet Posting ☐ Job Fair ☐ Agency Posting ☐ Job Service Posting ☐ Newspaper Ad ☐ Open House ☐ Phone Inquiry ☐ Other (specify) ☐ Walk-In ☐ State Employee/Former State Employee ☐ Written ☐ TERO Referral

Social Security #_____ **(Required)**	**ETHNIC GROUP:** ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black ☐ Hispanic ☐ White

DISABILITY STATUS: ☐ Disabled person (non-veteran with disability)   ☐ Disabled Veteran

CITIZENSHIP STATUS: ☐ Alien Permanent ☐ Alien Temporary ☐ Canadian Citizen ☐ Employment Visa ☐ Native (U.S)
☐ Naturalized ☐ Not Indicated ☐ Other ☐ Permanent Resident

(OVER)

EEO AND EMERGENCY INFORMATION FORM
Emergency Contact Panels

PRIMARY CONTACT – Please indicate who is your primary emergency contact (only one person).

EMERGENCY CONTACT NAME: _____ _____ _____
First   Middle Name or Initial   Last

RELATIONSHIP TO EMPLOYEE: ☐ Aunt ☐ Brother ☐ Daughter ☐ Employee ☐ Ex Spouse ☐ Father ☐ Father-in-Law
☐ Friend ☐ Grandchild ☐ Grandfather ☐ Grandmother ☐ Mother ☐ Mother-in-Law ☐ Neighbor ☐ Nephew
☐ Niece ☐ Other Relative ☐ Other ☐ Roommate ☐ Sister ☐ Son ☐ Spouse ☐ Uncle

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CONTACT'S HOME ADDRESS AND TELEPHONE: ☐ Same Address as Employee
☐ Same Phone Number as Employee

If different from employee's, please complete information below.

Home Address_____ _____ _____ _____ _____
Street or PO Box   City   County   State   Zip Code

Main Phone Number _____

Contact's Other Types of Phone Numbers (such as **work** cellular, pager or fax) – Indicate **type** of phone

Type _____ Phone No. _____ Type _____ Phone No. _____

SECONDARY CONTACT – If you have one, please indicate who is your second emergency contact.

EMERGENCY CONTACT NAME: _____ _____ _____
First   Middle Name or Initial   Last

RELATIONSHIP TO EMPLOYEE: ☐ Aunt ☐ Brother ☐ Daughter ☐ Employee ☐ Ex Spouse ☐ Father ☐ Father-in-Law
☐ Friend ☐ Grandchild ☐ Grandfather ☐ Grandmother ☐ Mother ☐ Mother-in-Law ☐ Neighbor ☐ Nephew
☐ Niece ☐ Other Relative ☐ Other ☐ Roommate ☐ Sister ☐ Son ☐ Spouse ☐ Uncle

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CONTACT'S HOME ADDRESS AND TELEPHONE: ☐ Same Address as Employee
☐ Same Phone Number as Employee

If different from employee's, please complete information below.

Home Address_____ _____ _____ _____ _____
Street or PO Box   City   County   State   Zip Code

Main Phone Number _____

Contact's Other Types of Phone Numbers (such as **work** cellular, pager or fax) – Indicate **type** of phone

Type _____ Phone No. _____ Type _____ Phone No. _____

✗ **Employee Signature** _____ **Date** _____